POSITION	INITIALS	iD NO.	DATE
FEE DETERMINATION	20		(B- : 0)
O.I.P.E. CLASSIFIER		271	\
FORMALITY REVIEW	JA	368811	7/6/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

Rejected =Allowed	N
- (Through numeral) Canceled	AAppeal OObjected

	Claim Date	Claim Date
Claim Date	9	+
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19 10 10 10 10 10 10 10 10 10 10 10 10 10	Final	Final
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